



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

SPECIAL DIETS: HOW TO SECURE VARIETY

By CORA McCABE SARGENT, R.N.

Towson, Maryland

The value of dietetics as a treatment in disease is so generally appreciated nowadays that the trained nurse, in order to pass muster in her calling, must have a thorough knowledge of food values. Nor does the requirement stop with this: she must also know how to work out certain food combinations in relation to each other and their effects in certain diseases. As a matter of course, her theory and more or less practical skill are gained through her course in dietetics, and also by observation during her period of training of the dietaries prescribed by the hospital physicians in the different diseases, and the diet lists of the hospital. It is when she goes out to ply her calling and is, in a way, cast upon her own resources and resourcefulness that she fully appreciates and keenly feels the necessity for thoroughness in the knowledge of the relation of diet to disease.

Even though the attending physician dictates and assumes the responsibility of the patient's dietary, it falls to the lot of the nurse to prepare and serve the food in an appealing way so that neither the patient's eye nor palate becomes surfeited from very monotony. She must also not only know the kinds of food suitable for certain diseases, but she must, as well, be able to recognize those which are harmful and thereby avoid making any mistakes in yielding to the patient's capricious demands and her own desire to cater to them. She must understand exactly what comprises liquid diet, soft diet and convalescent diet; she must be able to classify proteids, carbohydrates and fat producing foods and know how to combine them in order to bring about the best results: she must know how to prepare a properly balanced meal including all the food principles; she must be familiar with the substitutes for meat, in case a meat free dietary is prescribed, so that the appetite will not pall, and the craving, which has been handed down from the days when man grilled the fruit of the chase on a bed of red hot stones, will be satisfied and the body not suffer from the abstinence.

All the foregoing and even more the nurse must include in her repertoire of efficiency. Further, and of hardly second importance, she must be able to transmit her orders intelligently to others or, if necessary, do the cooking herself, remembering always that improper cooking will convert the most nourishing food into mere filling. Nor is the serving of food the least important factor in the catering for the sick. In truth, this point can not be too strongly insisted upon,—the correctly appointed tray, the daintily garnished dish, all count for so much and are wonderful stimulants to the jaded appetite.

Perhaps, one of the greatest difficulties the nurse confronts in the matter of catering is when the patient is on liquid diet, the vital point being that the nourishment must be so distributed in the feedings that, while the organism is rested (the object to be gained) the body will not feel the effect of the absence of proteids. Very frequently a patient on two-hour feedings will complain of hunger. This is because judgment has not been used in the distribution of the foods that make up the diet. Worse still, the nurse is too often controlled by her own inclination to give whatever can be prepared with the least trouble.

In the matter of soft diet, which is the intermediate step between liquid and convalescent diet, there is no excuse for monotony, as the range of foods, excepting restricted soft diet, is most liberal,—meat, fish, and green vegetables being all that are prohibited. When catering to the convalescent patient, the nurse must remember that the food must abound in nutritive principles, easy of digestion and containing a large per cent of proteids.

By way of suggestion and to show what may be done if a little personal effort is brought to bear, various menus appended are illustrative of the variety that may be introduced, the balance of food principles being retained. It might be added that the nurse who lives up to the letter of her profession in this particular will make out her menus on one day for the next, not leaving this vital matter to chance and haphazard arrangement, making sure that what she needs is at hand. This is a time when making the most of what happens to be on hand will not work.

LIQUID DIET LISTS (TWO HOUR FEEDINGS)

Showing five variations

(1)	(2)	(3)
Coffee	Coffee	Coffee
Milk	Milk	Milk
Broth	Strained soup	Cream soup
Tea	Fruit albumin	Egg albumin
Cocoa	Milk	Tea
Egg albumin	Tea	Cocoa
Milk	Beef juice	Beef broth
Gruel	Cocoa	Milk
(4)	(5)	
Cocoa	Coffee	
Lemon albumin	Milk	
Chicken broth	Gruel	
Tea	Tea	
Milk	Strained soup	
Gruel	Milk	
Cream soup	Fruit albumin	
Milk	Cocoa	

RESTRICTED SOFT DIET

Showing five days' menus

(1)	(2)	(3)
<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>
Cereal with cream and sugar	Cream toast	Hominy grits with butter
Milk toast	Soft cooked egg	Poached egg
Soft cooked egg	Coffee or cocoa	Milk toast
Coffee		Coffee
<i>Dinner</i>	<i>Dinner</i>	<i>Dinner</i>
Chicken broth capped with whipped cream	Meat broth	Beef broth with egg
Toasted bread mites	Very soft egg souffle in an individual ramekin	Toasted crackers in hot milk
Shirred egg	Dry buttered toast	Junket
Tea	Ice cream	
<i>Supper</i>	<i>Supper</i>	<i>Supper</i>
Egg poached in milk, served on round of toast	Dropped egg in toasted bread case	Milk toast
Wheatena mold with cream and sugar	Blanc-mange with cream	Soft cooked egg
Cocoa	Milk	Cocoa or tea
(4)	(5)	
<i>Breakfast</i>	<i>Breakfast</i>	
Cereal with cream and sugar	Orange juice	
Creamy toast	Wheatena with cream and sugar	
Soft shirred egg	Milk toast	
Coffee	Coffee or tea	
<i>Dinner</i>	<i>Dinner</i>	
Milk and egg broth	Barley soup	
Buttered toast	Egg poached in milk	
Tapioca custard masked with unbrowned meringue	Soft custard	
Tea		
<i>Supper</i>	<i>Supper</i>	
Soft cooked egg	Cream broth	
Steamed graham bread	Soft cooked egg	
Baked custard	Cocoa	
Milk		

UNRESTRICTED SOFT DIET

Five days' menus

(1)	(2)	(3)
<i>Breakfast</i>	<i>Breakfast</i>	<i>Breakfast</i>
Sliced orange in orange basket	Fresh fruit	Baked apples with cream
Cream of wheat with butter	Cereal with milk and sugar	Soft cooked egg
Toasted graham bread softened in milk	Soft cooked egg	Rolls with butter
Coffee	Corn muffins	Cocoa or coffee
	Cocoa	
<i>Dinner</i>	<i>Dinner</i>	<i>Dinner</i>
Cream soup with crisped crackers	Mutton broth with bar- ley	Beef broth with toasted crackers
Potato souffle in cocottes	Baked potato	Stuffed baked potatoes
Boiled rice with butter	Boiled rice	Creamed macaroni
Ice cream	Coffee ice cream	Custard junket
<i>Supper</i>	<i>Supper</i>	<i>Supper</i>
Eggs en nest	Shirred egg	Egg broth
Buttered toast cubes	Milk toast	Buttered toast
Baked potato dressed with cream	Stewed apricots or peaches	Stewed prunes
Apple sauce	Cocoa	Milk
Cocoa		
(4)	(5)	
<i>Breakfast</i>	<i>Breakfast</i>	
Apple sauce	Fresh fruit	
Wheatena with cream and sugar	Corn meal mush with cream and sugar	
Poached egg on toast	Soft cooked egg	
Coffee	Toast	
	Coffee	
<i>Dinner</i>	<i>Dinner</i>	
Potato puree with crisped crackers	Bouillon	
Boiled hominy	Gluten crisps	
Tapioca custard	Mashed potato	
Milk	Creamed macaroni	
	Orange custard	
<i>Supper</i>	<i>Supper</i>	
Soft cooked egg	Boiled rice with butter	
Cream toast	Stuffed baked apple	
Fruit whip	Milk toast	
Cocoa	Tea	

By the addition of fish, meat or chicken to the soft diet menus, they become convalescent diet. For example, take the breakfast and dinner menus for the fifth day and note the changes; viz.,

<i>Breakfast</i>	<i>Dinner</i>
Fresh fruit	Bouillon
Corn meal mush with cream and sugar	Gluten Crisps
Frenched lamb chop (instead of an egg)	Stewed chicken
Toast	Mashed potato
Coffee	Creamed macaroni
	Orange custard

Meats, fowl and fish should be selected with a view to their combination with other foods that the balance may be preserved.

VEGETABLE AND FARINACEOUS DIETARY

Two days' menus

(1)	(2)
<i>Breakfast</i>	<i>Breakfast</i>
Crisped corn flakes	Toasted rice flakes
Breakfast toast	Baked potato in the half shell
Baked potato	Coffee
Coffee	
<i>Dinner</i>	<i>Dinner</i>
Green peas puree	(Hulless) bean puree
Zwieback	Baked sweet potato
Macaroni and tomatoes	Cauliflower
Chopped spinach	Stewed tomatoes
Boiled rice with sugar	
<i>Supper</i>	<i>Supper</i>
Potato gruel	Granola gruel
Granose biscuit	Zwieback
Asparagus with a little butter	Boiled rice with a little butter and sugar
Tea	

MEAT FREE DIETARY

Two days' menus

(1)	(2)
<i>Breakfast</i>	<i>Breakfast</i>
Sliced bananas with cream	Grape fruit
Waffles with maple syrup	Puffed rice with cream and sugar
Scrambled eggs	Poached egg
Coffee	Whole wheat muffins
	Coffee

Dinner

Cream of pea soup
Stuffed baked potato
Cheese souffle
Sponge cake with sauce
Salted peanuts

Supper

Mayonnaise sandwich
Omelette with French
peas
Baked potato
Junket
Milk

Dinner

Cream of celery soup
Baked sweet potato
Macaroni and cheese
Vegetable aspic salad
with mayonnaise
Chocolate ice cream

Supper

Hominy grits with butter
Sliced cold nut loaf
Cup custard
Cocoa

LACTO-FARINACEOUS DIETARY

Two days' menus

(1)

Breakfast

Toasted corn flakes with
cream
Cream toast
Hot milk
(use only sterilized
milk and cream)

Dinner

Lentil soup
Zwieback
Cottage cheese
Rice and milk pudding

Supper

Crisped rice flakes
Creamed macaroni
Buttered toast
Milk

(2)

Breakfast

Granose flakes with
cream and sugar
Rice cakes
Milk toast
Milk

Dinner

Barley soup
Creamed macaroni
Whole boiled hominy
with cream sauce
Dry toast with butter

Supper

Hominy grits with butter
Baked rice with milk
Cottage cheese
Zwieback
Milk

FRUIT AND CEREAL DIETARY

Two days' menus

(1)

Breakfast

Grape fruit
Boiled rice with fig sauce
Dry toast
Cereal coffee

(2)

Breakfast

Bananas
Toasted puffed rice
Toast with fruit jelly

Dinner

Fruit cocktail
Baked banana on toast
Boiled rice with sugar
Apple pie (granola crust)

Supper

Granola fruit mush
Pineapple toast
Stewed prunes

Dinner

Fruit nectar in bouillon
cups
Stewed rice with raisins
Peach or prune pie (granola crust)

Supper

Fruit salad
Fig marmalade on toast
Baked apple

The foregoing food combinations setting forth the possible changes which may be rung in upon the various dietaries are by no means exhaustive. Enough, however, has been said to show that to have a pleasing variety, even in the case of the most restricted food lists, is merely a matter of intelligent planning upon the part of the nurse. Considering that it is of such vital import to the patient, it is surely well worth the nurse's while to consider the question seriously.

HYGIENE VS. DRUGS

Just as the patent medicine signs on the fences of a rural community gauge the standard of intellectual enlightenment of that community, so does the welfare of the city's children determine the moral and mental advancement of the municipality. The people of wide country spaces, who still resort to liniment for bruises and sprains, are but one removed from the man who takes kidney pills or the woman who takes headache powders. Real medicine is advancing, so that we have almost arrived at that stage where our patients do not pay us for medicine but for advice, and we—some of us at any rate—have almost come to the point where we are willing to neglect the medicine altogether, and our patients have learned that we are able to do them more good without medicine than with it.—*Dr. George Goler.*